

## Table Top Exhibitor Contract

TRFA invites you to exhibit in the Association's 2019 Annual Meeting Table Top Showcase on **Monday, April 8** at the Charleston Marriott, in Charleston, South Carolina. (Exhibits open 12:30 pm – 1:45 pm and 5:00 pm – 6:30 pm).  
Don't miss this opportunity to join industry leaders in an important marketplace venture!

**NOTE: ALL SHOWCASE EXHIBITORS MUST BE REGISTERED ATTENDEES AT THE TRFA ANNUAL MEETING. THERE ARE NO EXHIBIT ONLY REGISTRATION FEES AVAILABLE.**  
Please return this contract and payment form on page 2, no later than  
January 31, 2019 to be listed in the meeting materials.

**Name & Contact information for person hosting the Table Top Showcase who should receive exhibitor information.**

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax \_\_\_\_\_  
Email: \_\_\_\_\_  
Company Website: \_\_\_\_\_

Electrical Access (one (1) power strip with standard 120 volt/20 amp service) is included in your exhibitor fee, but is not automatically supplied without advance notice.

**Please indicate if you require electrical access:**  
Yes \_\_\_\_\_ No \_\_\_\_\_

**Declaration of Acceptance: We hereby accept the rules and regulations of participation as enclosed.**

Note: Contract must be signed below to process your table reservation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Name & contact information for additional person(s) hosting the Table Top**

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax \_\_\_\_\_  
Email: \_\_\_\_\_

**Please list the products you will be exhibiting** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Exhibitor Fee: \$300 for TRFA Members / \$550 for Non-Members**

Enclosed is my payment of \$ \_\_\_\_\_

**If paying by credit card, please complete the following:**

Visa       MasterCard       American Express

\_\_\_\_\_  
Name on Card

\_\_\_\_\_  
Card Number      Exp Date      Security Code

\_\_\_\_\_  
Signature required for credit card

**Please send this form with payment as soon as possible but not later than January 31, 2019 to:**

TRFA 2019 Annual Meeting  
800 Roosevelt Road  
Building C, Suite 312  
Glen Ellyn, IL 60137  
Phone: 630-942-6596  
Fax: 630-790-3095

**Please email a digital copy of your company logo that we can post on the TRFA meeting website to [jenniferm@cmservices.com](mailto:jenniferm@cmservices.com)**

## Table Top Exhibitor Payment Form

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